2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005
Secretary of State

DOCUMENT# N00000004963

Entity Name: INTERNATIONAL MISSIONS SUPPORT SERVICES INC.

Current Principal Place of Business:

2917 E WILLIAMS RD
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 29
ADAMS, TN 37010

New Mailing Address:

FEI Number: 59-3657252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALDRON, JAMES L
2917 E WILLIAMS RD
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	SAGRAVES, STEVE	
Address:	4716 BLOOM DRIVE	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	VD	( ) Delete
Name:	SCHISM, ALAN	
Address:	5415 ENDEAVOR AVE	
City-St-Zip:	DOVER, FL 33527	
Title:	STD	( ) Delete
Name:	WALDRON, PATRICIA	
Address:	2917 E WILLIAMS RD	
City-St-Zip:	PLANT CITY, FL 33565	
Title:	PD	( ) Delete
Name:	WALDRON, JAMES L	
Address:	2917 E WILLIAMS RD	
City-St-Zip:	PLANT CITY, FL 33565	
Title:	VD	( ) Delete
Name:	SHAW, CHRISTOPHER H	
Address:	3431 LAURELWOOD TRAIL	
City-St-Zip:	CLARKSVILLE, TN 37043 US	
Title:	VD	( ) Delete
Name:	TRAVER, MARK A	
Address:	P.O. BOX 78219	
City-St-Zip:	NASHVILLE, TN 37207 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L WALDRON RA 04/02/2005

Electronic Signature of Signing Officer or Director — Date